Protecting Dermatology—Advocating for Our Future

Dear colleagues and fellow readers,

It is a pleasure to bring to you this month's editorial message. You, our esteemed readers, have come to expect high quality, evidence-based clinical publications from *The Journal of Clinical and Aesthetic Dermatology*. The guest editorials of our journal typically cover a unique disease state, medication, treatment modality, or cutting edge research. However, this month, I wanted to take a moment to discuss some important issues facing our specialty and remind you of the importance of advocacy not only in dermatology, but also in many facets of medicine in the United States and abroad.

In an era of increasing practice restrictions, quality reporting measures, electronic health records, onerous practice burdens, and increasing difficulty obtaining common medications, it is so vital now more than ever that we as dermatologists partner to make our voice heard in national, state, and local advocacy efforts. In many parts of the United States, colleagues are still fighting for tort reform, medical liability changes, and even scope-of-practice issues.

The recent repeal of the Sustainable Growth Rate (SGR) Formula was a true victory for dermatologists and the entire house of medicine. The United States Senate passed the Medicare Access and CHIP Reauthorization Act, clearing the way for a law that permanently repeals the SGR formula and restores global codes. The restoration of global codes will alleviate additional co-pays for patients seeking follow-up care after a surgery or procedure. The law provides a pathway for physicians to lead in the development of new payment and care models. The tireless work of the American Academy of Dermatology Association (AADA), the American Society for Dermatologic Surgery Association (ASDSA), and other groups played an essential role in Congressional passage of permanent SGR repeal and the preservation of global period codes.

As practicing dermatologists, one of the most important aspects of caring for our patients is to ensure they have access to specialty care and are able to visit our practice settings when needed. With increasing inaccuracies in many provider directories for insurance plans, the importance of network adequacy and its role in preserving access to care has become a hot topic. AADA led the way and urged Centers for Medicare and Medicaid Services (CMS) to ensure network directories are accurate and up-to-date, and CMS heeded that call and is mandating plans to maintain accurate directories and identify a process to help patients who have been denied access to contracted providers. CMS has been responding to the concerns of practicing physicians and has called for directory accuracy in Medicare Advantage (MA) plans with its release of the final rule for 2016 MA plans.

Recently published research found that the top three MA plans provider networks, specifically for dermatologists, were inadequate to meet patients' needs for timely care. More than half of the doctors listed in network directories were unreachable, did not accept the listed plan coverage, or did not have appointments available for a new patient. These inaccurate directories not only misrepresent the number of potential physicians to patients, but also may lead government officials to believe these networks are adequate when they are anything but adequate.

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Other recent updates in US advocacy include meetings between the AADA and the Federal Trade Commission (FTC). As we all know, payment reform remains a hot topic, and in the era of value-based payment systems and other payment reform, there has been significant concern facing practicing dermatologists. This is especially true as public and private payers move away from a fee-for-service model. This particularly affects dermatologists in small and solo offices who will need alternatives to some of these proposed systems so they can simply keep their offices running.

Many of you have heard about the Independent Payment Advisory Board (IPAB). The IPAB was created under the Patient Protection and Affordable Care Act (PPACA)

healthcare reform act, and is a board that comprises presidential appointees who will be charged with making recommendations to cut Medicare expenditures if spending growth nationally reaches a certain established arbitrary level. Once the Secretary of Health and Human Services (HHS) implements an IPAB recommendation, that action is not subject to administrative or judicial review. It is clear that this sort of unprecedented oversight could be potentially very dangerous to our practice of medicine. More than 500 national and state-based organizations have joined and united in urging and advocating lawmakers to repeal the IPAB provision of the Affordable Care Act. Support in Congress for IPAB repeal continues to swell as the Protecting Seniors' Access to Medicare Act introduced by Reps. Phil Roe, MD (R-Tenn.) and Linda Sanchez (D-Calif.) now has 220 additional cosponsors, a majority of the House.

These are just a few of the legislative and advocacy hurdles we are facing in dermatology and in US medicine. Healthcare reform remains a theme of modern day medicine throughout the world. Though different countries have a variety of different healthcare institutions, mandates, and practice systems, we as physicians, and specifically dermatologists, should remain united and committed to protect our specialty and protect our patients. Although we may be a small specialty, our voices ARE being heard, and we must continue to gain momentum. Some may argue that because we are a small group in comparison to others in the house of medicine that we may not be as influential. I would argue that because we are small, we have more of an opportunity to be united, speak with one voice, work amongst ourselves even more closely, and remain unified. After all, our first priority must be and always be the betterment of our patients.